

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/ 597966

FILING DATE
8-14-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3						
4	3					
5	3					
6	10					
7	10					
8	10					
9	10					
10	10					
11	10					
12	10					
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50						
TOTAL IND.			1	1	1	
TOTAL DEP.		16	16	16	16	
TOTAL CLAIMS		17	17	17	17	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.			1	1	1	
TOTAL DEP.		16	16	16	16	
TOTAL CLAIMS		17	17	17	17	